Module 4: The Community-as-Method Approach

Module 4 Goal and Objectives

Goal: To understand the community-as-method approach to behavior change.

Objectives: Participants who complete Module 4 will be able to

- Differentiate between social learning and didactic learning
- Describe one way staff members can demonstrate the understanding of social learning
- Identify the eight basic concepts that explain how the community-as-method approach facilitates behavior change
- Define self-help and mutual self-help
- Describe one way staff members can demonstrate the understanding of self-help and mutual self-help.

Content and Timeline

Introduction	20 minutes
Exercise: Social Learning	30 minutes
Presentation: TCA Staff Competency—Understanding Social Learning Versus Didactic Learning	10 minutes
Presentation: The Eight Basic Concepts of Community-as-Method	40 minutes
Break	15 minutes
Exercise: Role Play of the Community-as-Method Approach	45 minutes
Presentation: TCA Staff Competency—Understanding and Promoting Self-Help and Mutual Help	20 minutes
Summary and Review	25 minutes
Journal Writing and Wrapup	20 minutes
Total Time	3 hours, 45 minutes

Slides	Notes
Module 4 The Community-as-Method Approach **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.samhsa.gov OH #4-1	
Exercise: Social Learning • Recall a situation in which you learned a valuable life lesson from peers, family members, or coworkers. • What did you experience as you listened to each person share? OH #4-2	
TCA Staff Competency **Social Learning** • Identifying with others • Learning and changing behavior through participation, observation, and interaction with others **Didactic Learning** • Formal instruction • One-way presentation of new information from an "expert" to a "student" OH #4-3	

Slides	Notes
Eight Basic Concepts of Community-as-Method • How is each concept implemented in your facility? • How can you, as a staff member, promote each concept? OH #4-4	
Exercise: Role Play of Community-as-Method • Christina, an experienced TC staff member • Michael, a new staff member • Sarah, a new resident • Observers Staff members will explain community-as-method and give examples to the new resident. OH #4–5	
TCA Staff Competency Understanding and promoting self-help and mutual help **Self-Help** • Residents are responsible for participating and contributing to the TC process to change their behavior **Mutual Help** • Residents assume responsibility for helping their peers • Mutual self-help reinforces one's recovery process OH #4–6	

Slides	Notes
Journal Writing and Wrapup • Which of the eight concepts do you feel you need to know more about? Why? • Which concept are you most comfortable implementing in your role? OH #4–7	

Resource Sheet #4-1: Community-as-Method

Overview

The TC is distinguished from other treatment approaches by the use of the community as the primary method of treatment to bring about positive prosocial and psychological changes in individuals. In a TC

- The daily regimen and social milieu of the TC are designed to facilitate emotional healing, social learning, and changes in behavior patterns and self-identity, 24 hours a day, 7 days a week.
- All community members (staff members and residents) create a social learning environment.
- TC residents experience being in a supportive familylike atmosphere that allows them to heal emotionally and change their lifestyles and self-identities.
- Recovery occurs through interactions with peers and through the self-help and mutual self-help learning process.

Eight Basic Concepts of Community-as-Method

1. *Member roles:* Residents gradually become integral members of the community by acting in a variety of work and community roles and contributing to all the activities of daily life in the TC.

2. *Continual feedback from peers and staff members:* Residents are observed by all members of the community and are held accountable for their own actions. They receive continual feedback (both reinforcing and corrective) from peers and staff members, expressed with authentic and responsible concern for their well-being and progress.

3. *Role models:* Residents adopt principles of recovery and right living and gradually aspire to become role models for others. As they progress through the program, residents provide feedback to others about what the others need to change about themselves and serve as examples of such change.

4. *Friendships and healthy familylike relationships:* At the beginning, residents attempt to continue their deceitful patterns and want merely to "hang out." As they progress through the phases of treatment, they learn what friendship is by sharing their feelings and thoughts and by challenging others. The friendships may last a lifetime and become the basis for the residents' new social networks.

5. *Collective learning:* Residents work, learn, and heal in group settings such as meetings, classes, work teams, and recreational activities. Virtually all the learning and healing

experiences, essential to recovery and personal growth, take place with positive peer role models.

6.   *Internalization of the TC culture and language:* Residents gradually adopt and internalize the language used in the TC. This is a sign of their assimilation into the culture of the TC change process and of the progress they are making.

7.   *Hierarchical work structure and communication system:* The hierarchical work structure and communication system teach members to be responsible and to work, following organizational rules and procedures. Residents become people on whom others can depend, by adhering to procedures, accepting and respecting supervision, and behaving as responsible members of the TC. The system of sanctions and privileges guides residents' learning as they experience the positive and negative consequences of their actions.

The hierarchical structure of the TC, the chain of command, is similar to the organization of mainstream culture. It is designed to teach residents the skills and behaviors they will need to be successful outside the TC. Gradually and with practice, residents are able to generalize what they have learned in the TC to the outside world.

The communication system in the TC, including such activities as surveillance, data collection, reporting, and giving feedback, is designed to promote productive, prosocial behavior, as well as to correct self-defeating behavior.

8.   *Open communication and personal disclosure:* Residents gradually engage in open communication and personal disclosure when they feel that the TC is a safe environment. Residents eventually learn how to communicate with others and to reveal their inner thoughts, which help them build self-esteem, develop trust and relationships with others, heal, become self-aware, and grow. This process begins initially with staff members and then in group settings with peers.

Sharing feelings in public is an important part of the self-help recovery process. Sharing feelings is part of the mutual self-help recovery process as well because residents realize that they are not alone and that other people experience the same feelings.

No secrets exist in the TC. When rules are broken, the infraction is discussed publicly to ensure that everyone feels safe and to maintain the integrity of the community.

Resource Sheet #4-2: Role Play—Explaining the Community-as-Method Approach

Roles

Christina is an experienced staff member who has been working in a TC for more than 5 years. She is working with Michael, a new staff member, who will be responsible for facilitating new resident orientation groups.

Michael has been working as a house manager for 4 months. His previous substance abuse treatment work experience was with adolescents in a corrections facility.

Sarah, a new resident, asks questions and makes comments about the community-as-method approach. She is interested in the community but feels anxious about being integrated into the TC and is concerned that she may be rejected. She also is hostile because she feels her individuality may be suppressed. Sarah has been in treatment before, but in outpatient settings.

Observers watch the role play and notice what is going well and what is not in the communication among Christina, Michael, and Sarah.

Scenario

Christina and Michael are working together to orient Sarah. They explain the importance and significance of the community-as-method approach and encourage Sarah to participate actively in the TC process.

Christina should begin by introducing the community-as-method approach.

Michael should give three examples of how community-as-method works in this facility.

When the role play is finished, the observers give feedback to Christina and Michael.

Resource Sheet #4-3: The TC Crossword Puzzle
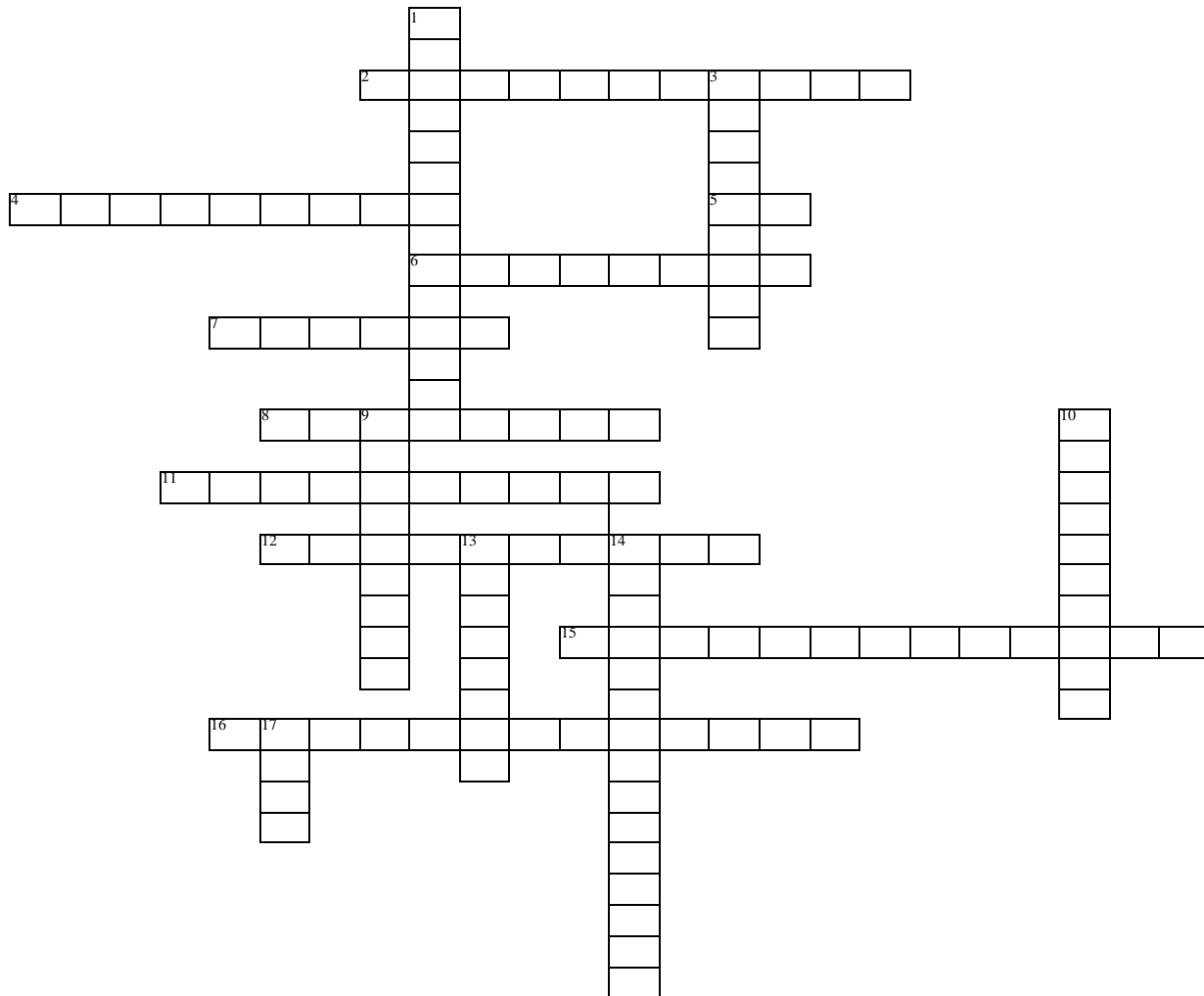
Across

2 By sharing their feelings, residents will develop these (3 words along with 12 & 15 across)

4 What distinguishes the TC from other treatment methods (3 words along with 5 & 7 across)

6 Provided continually by peers and staff members

8 Occurs when residents feel safe (2 words along with 11 across)

16 Opposite of secrets (see 17 down)

Down

1 Residents contribute to all activities in the TC by participating in these (3 words)

3 Chain of command

9 What a resident aspires to be

10 Meetings, classes, and work teams are examples of this (2 words along with 13 down)

14 A sign of progress that occurs gradually

17 Opposite of secrets (2 words along with 16 across)

Summary of Module 4

TCA Staff Competency—Understanding Social Learning Versus Didactic Learning

Social learning: Learning that occurs by identifying with others and through participation, observation, and interaction with others to change thoughts, feelings, and behavior patterns.

Didactic learning: Learning new information through formal instruction (classes, seminars). Didactic learning generally occurs as a one-way presentation of new information from an "expert" to a "student."

Community-as-Method

What distinguishes the TC from other treatment approaches is the use of the *community* as the primary method of treatment to bring about positive prosocial and psychological changes in individuals (the community-as-method approach). Major elements of the community-as-method approach include the following:

- The daily regimen and social milieu of the TC are designed to facilitate emotional healing, social learning, and changes in behavior patterns and self-identity.
- All community members (staff members and residents) create a social learning environment.
- TC residents experience being in a supportive familylike atmosphere that allows them to heal emotionally and to change their lifestyles and self-identities.
- Recovery occurs through interactions with peers and through the self-help and mutual self-help learning processes.

See Resource Sheet #4-1 for a detailed list of the eight concepts of community-as-method.

TCA Staff Competency—Understanding and Promoting Self-Help and Mutual Help

Self-help: Each individual assumes primary responsibility for his or recovery. Residents participate fully and contribute to the TC process to change their own behavior.

Mutual self-help: Residents assume responsibility for helping their peers recover and as a way to reinforce and maintain their own recovery. Being part of a self-help and mutual self-help learning community teaches residents to

- Understand themselves
- Take responsibility for their lives
- Adopt the behaviors, attitudes, and values of healthy living.

Review of Module 4

Review

In your small group, discuss and quiz one another on the following (feel free to take notes on this page). Can you

- Differentiate between social learning and didactic learning?

- Describe one way staff members can demonstrate understanding of social learning?

- Identify the eight basic concepts that explain how the community-as-method approach facilitates behavior change?

- Define self-help and mutual self-help?

- Describe one way staff members can demonstrate understanding of self-help and mutual self-help?

Small-Group Activity

Complete the crossword puzzle on Resource Sheet #4-3.